



**DOCTORS  
FOR CHANGE**

### **Testimony of Amelia Averyt, MD, MPH in support of HB133**

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Hello, I am Dr. Amelia Averyt, Vice Chair of the Board of Doctors for Change, a Houston-based membership organization of health providers, public health professionals, and students with a mission to champion health for all Texans through research, education, collaboration, and advocacy. Thank you Chairman Frank and members of the committee for the opportunity to testify in support of HB133.

I currently work as a primary care physician in a Federally Qualified Health Center in Houston. I care for patients of all ages and have seen the growth and development in an infant's first year of life, and also how that postpartum year is full of significant biological, physical, emotional, and social transition for the mother. Ensuring a healthy postpartum year requires mothers have access to continued service and follow up care, tailored to each woman's individual needs. HB133 will help overcome systems-level barriers to accessing this care.

I recently found out that I am pregnant. Though my partner and I are very excited at the prospect of our family growing, I am also terrified. My excitement has been tempered by the realities of being pregnant in Texas, a state that has the sad distinction of being in the top 15 out of 50 for high maternal mortality rates. And this worry is in spite of the privilege I enjoy as a white woman with insurance, working in the healthcare field. The reality for many of my patients is very different.

The same week I learned I was pregnant one of my long-time patients, a Black woman in her 30s who I will call Kelly, who has been unable to secure medical insurance, told me she was pregnant as well. Countless studies show Black and Brown communities suffer a disproportionate share of maternal morbidity and mortality. In my practice, I have seen these poor health outcomes, and I can't help thinking how they may also affect Kelly.

Will Kelly screen positive for postpartum depression and face feelings of worthlessness and hopelessness, mood swings, difficulty sleeping, and withdraw from family and friends? If Kelly does suffer from postpartum depression, will she be able to access vital mental health services beyond 60 days postpartum, or be cut off from the ongoing care that could save her life and ensure a healthy development for her child?

Will Kelly have delivery complications that plague her for more than a year postpartum like another of my patients who presented to my clinic with chronic complications from a C-section? These complications required frequent hospitalizations and surgeries that left her with chronic pain and mobility issues that made it difficult to enjoy her rambunctious one year old. Without Medicaid after the 60 day period, she faced significant medical debt and interruptions in care that prolonged her suffering. birth will continue to mean different outcomes for uninsured women, perpetuating

Or will Kelly face severe cardiovascular complications that threaten her life like the young mother in my care who suffered with pregnancy-related cardiomyopathy? Unable to follow up with a cardiologist after her Medicaid expired she visited emergency rooms with bouts of severe shortness of breath, lower extremity swelling, and uncontrolled hypertension. Continued care with specialist services could have helped preserve her heart's functioning, but instead interrupted care contributed to a slow decline to the point where she could not keep up with her baby.

These are just a few examples of the more extreme postpartum complications I have encountered in my practice. They demonstrate that consideration for a mother's health should not end at 60 days postpartum. Public health and health profession organizations recognize the postpartum period as extending up to 1 year postpartum. This year is critical for both mother and child. Healthy mothers are able to ensure that their babies grow and thrive, Health insurance coverage should last one year as well. Otherwise, the prospect of childbirth will continue to mean different outcomes for uninsured women, perpetuating health inequities and disproportionate mental and physical suffering for mothers and babies.

Thank you again for your time.